## US BANK/FCC JUN 1 7 2010 FEDERAL COMMUNICATIONS COMMISSIONAMP & RETURN WASHINGTON, DC 20554

### APPLICATION FOR CABLE TELEVISION RELAY SERVICE STATION LICENSE

#### FCC Form 327

| SCHEDULE A. Type of                                                                                             | Application, App       | licant Information,       | Cont                                                                                                       | ect Information, and Sta                                                                                                 | tion I                                            | Record Information                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. (a) Type of Application: (Check only one box)                                                                |                        |                           | <ul><li>(b) Type(s) of Amendment(s) or Modification(s):</li><li>(Check the appropriate box(es)).</li></ul> |                                                                                                                          |                                                   |                                                                                                                                                  |
| <ul><li>New License</li><li>X Transfer of Control</li><li>☐ Assignment of License</li><li>* Pro Forma</li></ul> | ,                      |                           |                                                                                                            | Add Channel(s) Change Transmitter Change Transmit Site Increase Operating Power Change Emission Code Minor Modifications |                                                   | Change Antenna Height Change Antenna Structure Height Change Antenna System Add Receive Site(s) Change Receive Site(s) Other (specify in item 8) |
| (c) If this application mod                                                                                     | difies an existing sta | ion, provide the call sig | gn:                                                                                                        | See Exhibit A                                                                                                            | ·                                                 | aurinous research                                                                                                                                |
|                                                                                                                 |                        | cation, provide the file  | number                                                                                                     |                                                                                                                          | -                                                 |                                                                                                                                                  |
| 2. (a) Applicant Information FRN                                                                                | on                     |                           | EIN                                                                                                        | or SSN                                                                                                                   |                                                   |                                                                                                                                                  |
| 0019769223                                                                                                      |                        |                           | 1                                                                                                          | 8890696                                                                                                                  |                                                   |                                                                                                                                                  |
| Legal Name                                                                                                      |                        |                           |                                                                                                            | ness Name (if applicable)                                                                                                |                                                   |                                                                                                                                                  |
| William J. Bresnan Rev                                                                                          | ocable Trust           |                           |                                                                                                            |                                                                                                                          |                                                   |                                                                                                                                                  |
| Mailing Address                                                                                                 |                        |                           |                                                                                                            |                                                                                                                          |                                                   |                                                                                                                                                  |
| One Mahattanville Road                                                                                          |                        |                           |                                                                                                            |                                                                                                                          |                                                   |                                                                                                                                                  |
| City                                                                                                            | State                  | Zip Code                  | 1                                                                                                          | phone                                                                                                                    |                                                   |                                                                                                                                                  |
| Purchase                                                                                                        | NY                     | 10577-2596                | (91                                                                                                        | 4) 641-3300                                                                                                              |                                                   | J                                                                                                                                                |
| (b) Contact Information                                                                                         | 1                      |                           |                                                                                                            |                                                                                                                          |                                                   |                                                                                                                                                  |
| Contact Name                                                                                                    |                        |                           | 3                                                                                                          | ness Name                                                                                                                | _                                                 |                                                                                                                                                  |
| Steven J. Horvitz                                                                                               |                        |                           |                                                                                                            | is Wright Tremaine LLF                                                                                                   | ,                                                 |                                                                                                                                                  |
| Mailing Address 1919 Pennsylvania Avenue, N.W., Suite 800                                                       |                        |                           |                                                                                                            | ail Address                                                                                                              |                                                   |                                                                                                                                                  |
| City                                                                                                            | State                  | Zip Code                  |                                                                                                            | ehorvitz@dwt.com<br>phone                                                                                                | <del>, , , , , , , , , , , , , , , , , , , </del> | T                                                                                                                                                |
| Washington                                                                                                      | DC                     | 20006-3401                | 1                                                                                                          | 2) 973-4200                                                                                                              |                                                   |                                                                                                                                                  |
| (c) Address where Station                                                                                       |                        |                           | 1 120                                                                                                      |                                                                                                                          | .,                                                |                                                                                                                                                  |
| Address                                                                                                         |                        |                           | ***************************************                                                                    |                                                                                                                          |                                                   |                                                                                                                                                  |
| On File                                                                                                         |                        |                           |                                                                                                            |                                                                                                                          |                                                   |                                                                                                                                                  |
| City                                                                                                            | State                  | Zip Code                  | Tele                                                                                                       | phone                                                                                                                    |                                                   |                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                      | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3. Will the applicant provide program material to eligible systems other than those which the applicant owns or operates?  If "YES," attach as Exhibit A-1 a copy of a written contract specifying that service will be provided on a non-profit, cost-sharing basis: or a copy of a written statement specifying that service will be provided without charge.                                      |     | X  |
| 4. (a) Has the applicant or any of its controlling parties had any FCC station license, permit, or authorization revoked? If "YES," attach as Exhibit A-2 a statement identifying the license, permit, or authorization revoked and the circumstances relevant to the revocation.                                                                                                                    |     | X  |
| (b) Is the applicant or any of its partners, members, or owners, a foreign government or the representative thereof?                                                                                                                                                                                                                                                                                 |     | Х  |
| 5. If this is a renewal, indicate whether legal or engineering changes have been made since the last license application.                                                                                                                                                                                                                                                                            | N/A |    |
| 6. Attach as Exhibit A-3 a statement showing that the applicant is eligible pursuant to 47 C.F.R. § 78.13 to be a licensee.                                                                                                                                                                                                                                                                          |     |    |
| 7. For a new station or major change, (e.g., a change in azimuth or transmit antenna or an increase in power or frequency, etc.) attach as <b>Exhibit A-4</b> a statement or showing detailing the results of a frequency coordination study performed pursuant to 47 C.F.R. § 78.36 by a technically qualified person or entity (e.g., local coordinating committees, frequency coordinator, etc.). |     |    |
| 8. List all attachments, exhibits, and or specifications that will be included on this schedule:                                                                                                                                                                                                                                                                                                     |     |    |
| Exhibit A - List of Licenses                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| Exhibit A-3 - Eligibility                                                                                                                                                                                                                                                                                                                                                                            |     |    |
| Exhibit B-1 - Ownership Information                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| Exhibit B-2 - Description of Transaction                                                                                                                                                                                                                                                                                                                                                             | ÷   |    |
|                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |

#### **CERTIFICATION**

All the statements made in this application and attached exhibits are considered material representations, and all the exhibits are a material part hereof and are incorporated herein as if set out in full in the application.

The applicant certifies that neither the applicant nor any other part to the application is subject to a denial of Federal benefits pursuant to 47 C.F.R. § 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under 47 C.F.R. § 1.2002(c). See 47 C.F.R. § 1.2002(b) for the definition of "party to the application" as used in this certification.

The applicant certifies that the applicant has a current copy of the Commission's rules governing the Cable Television Relay Service (CARS).

The applicant waives any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same whether by license or otherwise and requests an authorization in accordance with this application.

| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE OR IMPRISONMENT OR BOTH. See 18 U.S.C. § 1001. | I CERTIFY that the statements in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Print Full Name                                                                                                  | Print Title                                                                                                                                          |
| Jeffrey S. DeMond                                                                                                | Co-Executor                                                                                                                                          |
| Signature More                                                                                                   | Date (mm/dd/yyyy)  06/14/2010                                                                                                                        |
| JPMorgan Chase Bank, N.A., as Executor                                                                           |                                                                                                                                                      |

By! Mary G. Campbell

Co-Executor

Date: 06/14/2010

#### APPLICATION FOR CABLE TELEVISION RELAY SERVICE STATION LICENSE

SCHEDULE B. Control and Ownership Information (The information submitted in this schedule should enable the Commission to identify all entities which either directly or indirectly control the applicant.)

#### SECTION I. Control and Ownership

1. The following information must be provided for the applicant; for each member or partner, if the applicant is an unincorporated association or partnership; and for each cable television owner or operator, if the applicant is a cooperative enterprise wholly owned by cable television owners or operators. Indicate the legal name; the entity (if the entity has no EIN use Social Security Number (SSN)), the type of entity (1 = Individual, 2 = Partnership, 3 = Corporation, 4 = Unincorporated Association, or 5 = Governmental Entity); the Internal Revenue Service Employer Identification Number (EIN) used by the entity (if the entity has no EIN, use the applicant's Social Security Number (SSN)). If the entity is a non-governmental corporation, indicate the state under whose laws the corporation is organized.

| Legal Name (if person, last name first) | EÌN or SSN | Entity Code | State |
|-----------------------------------------|------------|-------------|-------|
| William F. Bresnan Revocable Trust      | 38-6890696 | 1 ·         |       |

2. Attach as Exhibit B-1 the information requested of the applicant in item 1 for each entity which either directly or indirectly controls the applicant. Place this information in a detailed block diagram or family tree showing the direct or indirect control of the applicant, including percentage of control, including the final controlling entity or entities. The final controlling entity or entities should be specifically identified.

#### SECTION II. Assignment of License or Transfer of Control

Attach as Exhibit B-2 a statement describing the proposed assignment of license or transfer of control. The assignment of license or transfer of control shall not be completed until authorized by the Commission. The Commission must be notified of consummation no later than 30 days after it occurs.

| Licensee Information                                |                                                  |             |            |
|-----------------------------------------------------|--------------------------------------------------|-------------|------------|
| FRN                                                 |                                                  |             |            |
| 0007001977                                          |                                                  |             |            |
| Legal Name (if person, last name first)             | Business Name                                    |             |            |
|                                                     | Bresnan Communications, LLC                      |             |            |
| Mailing Address                                     | City                                             | State       | Zip Code   |
| One Manhattanville Road                             | Purchase                                         | NY          | 10577-2596 |
| Telephone No.                                       | E-mail Address                                   |             |            |
| (914 ) 641-3300                                     |                                                  |             |            |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNI | SHABLE BY FINE OR IMPRISONM                      | IENT OR BO  | TH.        |
| See 18 U.S.C. § 1001.                               | ·                                                |             |            |
| Print Full Name                                     | Print Title                                      |             |            |
| Jeffrey S. DeMond                                   | Co-Trustee of William J. Bresn                   | nan Revoc   | able Trust |
| Signature /                                         |                                                  | Date (mm/dd | /уууу)     |
| JPMorgan Chase Bank, N.A., as Trustee               | •                                                | 06/         | 14/2010    |
| JPMorgan Chase Bank, N.A., as Huston                |                                                  |             |            |
| Mary & Campbell                                     | Co-Trustee of William J. Bresnan Revocable Trust |             |            |
| $\sim 0.0$                                          | Date: 06/14/2010                                 |             | •          |

#### **EXHIBIT A**

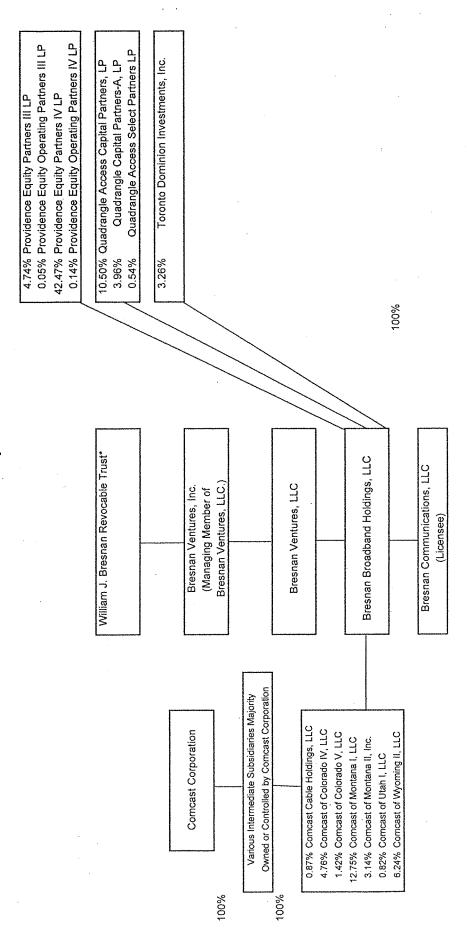
| Call Sign | Location           | State | <b>Expiration Date</b> |
|-----------|--------------------|-------|------------------------|
| ,         |                    |       |                        |
| WHZ-634   | ZORTMAN            | MT    | 2/1/2015               |
| WHZ-748   | NORTH HARLEN       | MT    | 8/1/2013               |
| WLY-332   | HOGBACK            | MT    | 12/1/2011              |
| WLY-624   | <b>GREAT FALLS</b> | MT    | 3/1/2013               |
| WLY-861   | <b>BLACK EAGLE</b> | MT    | 5/1/2011               |
| WBH-637   | BANNER             | WY    | 11/1/2011              |
| WLY-563   | <b>BOSIN ROCK</b>  | WY    | 11/1/2011              |
| WLY-838   | RIVERTON           | WY    | 3/1/2015               |
| WLY-839   | LANDER             | WY    | 3/1/2015               |

#### **EXHIBIT A-3**

Section 78.13(a) of the Commission's rules provides that an owner or operator of a cable television system is eligible to hold a Cable Television Relay Station ("CARS") license. The current Licensee is authorized to use the subject CARS facilities in connection with its cable television operations and will continue to do so following completion of the transaction.

The acquisition of ultimate control of the Licensee by the Applicant will not contravene any of the Commission's cross-ownership rules.

# EXHIBIT B-1 - Ownership Information



\*De facto control through Bresnan Communications, Inc. Management Agreement

#### **EXHIBIT B-2**

Bresnan Communications, LLC ("BCL") is filing this *pro forma* application to formally advise the FCC of the death of Mr. William J. Bresnan. Mr. Bresnan did not directly or indirectly hold a controlling equity interest in BCL. Nevertheless, BCL is filing this application out of an abundance of caution due to the existence of a Management Agreement between BCL's sole corporate parent (Bresnan Broadband Holdings, LLC ("BBH"), and Bresnan Communications, Inc. ("BCI"). Pursuant to that Management Agreement, BCI manages BBH and BCL. BCI was wholly owned and controlled by Mr. Bresnan, prior to his demise.

BCL is a broadband telecommunications service provider offering cable television service, high-speed Internet access, and digital telephone service to over 300,000 customers in Colorado, Montana, Wyoming, and Utah. BCL was founded by William J. Bresnan, who passed away on November 27, 2009. As noted above, BCL is wholly owned by BBH. The management of BCL and BBH is provided exclusively by BCI, pursuant to a Management Agreement between BBH and BCI. BCI is a New York corporation, whose stock was 100 % owned by William J. Bresnan. Mr. Bresnan's interest in BCI was placed in the William J. Bresnan Revocable Trust prior to his death, but remained under Mr. Bresnan's control. That control over BCI terminated upon his death.

In light of the Management Agreement involving BCI and Mr. Bresnan, BCL previously advised the Commission that Mr. Bresnan had *de facto* control over BCL and its CARS microwave facilities. Based on that determination, BCL believes that the passage of Mr. Bresnan's interests under the Management Agreement to the William J. Bresnan Revocable Trust should be formally approved by the Commission.